U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6/95		2. Fiscal Year Covered From:					
,			1/1/2	2004 Through	n: 12 / 31	/2004	
3. Name and address of person filing.		4. Name	4. Name, file number, and address of labor organization.				
Name William Lucy		Name AFSCME					
		Labor	Organization File No	ımber 000-	-289		
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any					
Street 1831 Sudbury Lane, NW		Street 1625 L Street, NW					
City Washington, D.C.		City Washington, D.C.					
State	ZIP Code + 420012	State			ZIP Code + 4	20036	
5. Position in labor organization. Inte	rnational Secreta	ry-Tr	easurer	The second policy of the second	a Marakia a a aya	month I make the majorate a feet of the control of the	
Enter appropriate data below if, during	the past fiscal year, you or your spo	use or mir	or child directly or in	ndirectly had any	of the following in	terests	
	(except as specified in the exclu	isions set	forth in the instructio	ns):	. N		
A. Held an interest in, engaged in trans monetary value from an employer who	actions (including loans) with, or ose employees your organizati	derived ir on repre	ncome or other eco sents or is actively	nomic benefit o seeking to rep	f resent.		
6. Name and address of Employer (including	g trade name, if any).	7.a. Nat	ure of Interest, Trans	action, or Income	).		
Name						an and anti-	
Trade Name, if any:					* · · · · · · · · · · · · · · · · · · ·		
P.O. Box, Bldg., Room No., if any							
		7.b. Am	ount.				
Street							
City			TV Consequence of the consequenc	1000			
State	ZIP Code + 4		The state of the s	e de la companya de l			
	Siar	ature	to the strain	**:	. t	· ·	
15. Signature and verification. The und submitted in this report (including the info undersigned's knowledge and belief, true	rmation contained in any accompany	ing docun	nents), has been exa	mined by the sigr	atory and is, to the	ormation best of the	
Jumin			Date		Telephone Number	<u>∍</u> r	
Form LM-30 (2003)				·		Page 1 of 2	

Name of Person Filing William Lucy		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines ctively seeking to represent, or ndirectly to, or otherwise	s		
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any: The McLaughlin Company  P.O. Box, Bldg., Room No., if any  Street 1725 DeSales St., NW  City Washington, D.C.  State ZIP Code + 4 20036	c. Employer	ation		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Insurance Program			
Trade Name, if any:			The state of the s	
P.O. Box, Bldg., Room No., if any				
	ammigos for fairmas pamojos y konducijos adjuliniski figuras nakonos sos glogosos seste se se se sendo sos	Sparket 1 to be distinct to shall det 1 filling a seamofate 6 after as 1 time (manuscrime, a seas eas	A selland by the section with the section of the se	
Street	11.b. Approximate dollar val	ue of such dealing.	\$450,000 (premi un	
State ZIP Code + 4	12.a. Nature of interest he	ft - Poinse	<b>Ltia</b>	
	12.b. Amount.		\$45.00	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	der parts A and B above) ey or other thing of value.	<u></u>		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		Construction and the second of	
(including trade name, if any).  Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	ALLELIA WARRANTIA TILITA		

Name of Person Filing William Lucy	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individualing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise				
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	a. Labor Organization b. Trust				
Trade Name, if any: Kelly Press					
P.O. Box, Bldg., Room No., if any Street 1701 Cabin Branch Drive	с. Employer				
City Cheverly State MD ZIP Code + 4 20785					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name	Printing				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	Leading a principle of the control o				
Street	11.b. Approximate dollar value of such dealing. \$1,300,000	)			
City : '.	12.a. Nature of interest held or income received.				
State ZIP Code + 4 Vigitable Visit State	Holiday gift - Popcorn Tin				
	12.b. Amount. \$16.95	22.2			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	,			
(including trade name, if any).					
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				